Notice of Exempt
Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)
Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

1450040 OMB APPROVAL

OMB Number: 3235-0076

Expires: October 31, 2008

Estimated average burden hours per response: 4.00

Item 1. Issuer's Identity			
Name of Issuer	Previous Name(s)	X None	Entity Type (Select one)
InnoLight Technology Corporation	Trevious Marrie(s)		Corporation
Jurisdiction of Incorporation/Organization		— DE	Limited Partnership Limited Liability Company
Cayman Islands		r is	Limited Liability Company General Partnership
Year of Incorporation/Organization (Select one)			MSON REUTERS Other (Specify)
Over Five Years Ago Within Last Five Years (specify year)	2008 O Ye	t to Be Formed TU	MIOOM KEDIEKO
	_) by attaching Items 1 and 2 Continuation Page(s).)
Street Address 1		Street Address 2	//
1355 Jinji Lake Road, Suzhou Industrial Park		International Sc	ience Park A311
•	te/Province/Country	ZIP/Postal Code	Phone No.
Suzhou	ina		86-0512-62994757
Item 3. Related Persons	<u>.</u>	<u> </u>	J
Last Name	First Name		Middle Name
Liu	Sheng		
Street Address 1		Street Address 2	
39078 Guardino Drive, #201			Wall Processing Section
City State	e/Province/Country	ZIP/Postal Code	7200
Fremont		94538] NOV D7 2008
Relationship(s): X Executive Officer X Di	irector Promoter		M . L
Clarification of Response (if Necessary)			<u> </u>
· L			ox 🔀 and attaching Item 3 Continuation Page(s).)
Item 4. Industry Group (Select one)	•	is by checking this o	ox 🔼 and attaching item 3 Continuation Page(s).)
○ Agriculture	\sim	Services	Construction
Banking and Financial Services Commercial Banking	Energy	tric Utilities	REITS & Finance
Commercial Banking Insurance	Ŷ	gy Conservation	Residential
Investing	$\overline{}$	Mining	Other Real Estate
Investment Banking	Envir	ronmental Services	Retailing
Pooled Investment Fund	\mathcal{L}	Gas	Restaurants
If selecting this industry group, also select one	<u> </u>	er Energy	Technology
type below and answer the question below:	Health C	ara	Computers
Hedge Fund	_	echnology	Telecommunications Other Technology
Private Equity Fund	O Healt	th Insurance	Other Technology
Venture Capital Fund	Ō Hosp	itals & Physcians	Travel
Other Investment Fund		maceuticals	
is the issuer registered as an investment company under the investment Compa	ny Office	r Health Care	C Loc
Act of 1940? Yes No	Manufac	-	
Other Banking & Financial Services	Real Esta		Other 08064680

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Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	specifying "hedge" or "other investment" fund in
O No Revenues	OR No Aggregate Net Asset Value
\$1 - \$1,000,000	\$1-\$5,000,000
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
Decline to Disclose	O Decline to Disclose
Not Applicable	O Not Applicable
Item 6. Federal Exemptions and Exclusions Cl	
	Investment Company Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1) Section 3(c)(9)
Rule 504(b)(1)(i)	
Rule 504(b)(1)(ii)	
Rule 504(b)(1)(iii)	
☐ Rule 505	Section 3(c)(4) Section 3(c)(12) Section 3(c)(5) Section 3(c)(13)
	Costion 2/c)(6)
Securities Act Section 4(6)	
	Section 3(c)(7)
Item 7. Type of Filing	
New Notice OR	nt
Date of First Sale in this Offering: April 29, 2008	OR First Sale Yet to Occur
Item 8. Duration of Offering	
Does the issuer intend this offering to last more than	n one year? Yes 🔀 No
Item 9. Type(s) of Securities Offered (Select	all that apply)
	Pooled Investment Fund Interests
☐ Debt	☐ Tenant-in-Common Securities
	Mineral Property Securities
Option, Warrant or Other Right to Acquire Another Security	Other (Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	
Item 10. Business Combination Transaction	
Is this offering being made in connection with a busi transaction, such as a merger, acquisition or exchange off	1 1
Clarification of Response (if Necessary)	

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Item 11. Minimum Investment	damington, De 20347				
Minimum investment accepted from any outside in	vestor \$ 0.00				
Item 12. Sales Compensation					
Recipient	Rec	iplent CRD Number			
N/A	N/A	4		□ No	CRD Number
Associated) Broker or Dealer 🔀 None	(As:	sociated) Broker or De	aler CRD Nu	mber	
N/A	N/A	4		No (CRD Number
Street Address 1	Stree	et Address 2			
N/A	N/A				
City	State/Province/Coun	itry ZIP/Postal Co	de		
N/A	N/A	N/A			
States of Solicitation All States			_		
AL AK AZ AR CA IL IN IA KS KY MT NE NV NH NJ RI SC SD TN TX (Identify additional person(s) being pa	CO CT LA ME NM NY UT VT aid compensation by	DE DC MD MA NC ND VA WA checking this box	FL MI OH WV and attach	MN	HI ID MS MO OR PA WY PR tinuation Page(
(a) Total Offering Amount \$ 3,000,00			OR	Indefinite	,
(b) Total Amount Sold \$ 2,662,62	£1.00]		
(c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (if Necessary)	.00		OR	Indefinite	
Item 14. Investors					
Check this box if securities in the offering have be number of such non-accredited investors who alread			qualify as ac	credited investo	rs, and enter the
Enter the total number of investors who already hav	e invested in the offe	ering: 6			
Item 15. Sales Commissions and Finder	s' Fees Expens	ses			
Provide separately the amounts of sales commissions check the box next to the amount.	s and finders' fees ex	penses, if any. If an a	mount is no	t known, provid	e an estimate ar
c	Sales (Commissions \$ N/A			Estimate
Clarification of Response (if Necessary)	i	Finders' Fees \$ N/A			Estimate

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Item 16. Use of Proceeds						
Provide the amount of the gross proceeds of the offering that has been or used for payments to any of the persons required to be named as directors or promoters in response to Item 3 above. If the amount is unkestimate and check the box next to the amount.	executive officers, \$ 0.00	Estimate				
Clarification of Response (if Necessary)						
Those persons who are employees or consultants of the	e issuer are paid their respective salary, w	ages or fees.				
Signature and Submission	Signature and Submission					
Please verify the information you have entered and review the	Terms of Submission below before signing ar	nd submitting this notice.				
Terms of Submission. In Submitting this notice, each id	dentified issuer is:					
Irrevocably appointing each of the Secretary of the State in which the issuer maintains its principal place of businesses, and agreeing that these persons may accept service such service may be made by registered or certified mail, in an against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the provisions of: (i) the Securities Act of 1933, the Securities Exch Company Act of 1940, or the Investment Advisers Act of 1940, State in which the issuer maintains its principal place of busin Certifying that, if the issuer is claiming a Rule 505 exthe reasons stated in Rule 505(b)(2)(iii).	usiness and any State in which this notice is fi on its behalf, of any notice, process or pleadir ny Federal or state action, administrative proc e United States, if the action, proceeding or a e subject of this notice, and (b) is founded, dir lange Act of 1934, the Trust Indenture Act of 1 , or any rule or regulation under any of these ess or any State in which this notice is filed.	led, as its agents for service of ag, and further agreeing that seeding, or arbitration brought rbitration (a) arises out of any ectly or indirectly, upon the 1939, the Investment statutes; or (ii) the laws of the				
This undertaking does not affect any limits Section 102(a) of the Na 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to requirecovered securities for purposes of NSMIA, whether in all instances or routinely require offering materials under this undertaking or otherw so under NSMIA's preservation of their anti-fraud authority.	uire information. As a result, if the securities that are or due to the nature of the offering that is the subje vise and can require offering materials only to the e	e the subject of this Form D are ct of this Form D, States cannot xtent NSMIA permits them to do				
Each identified issuer has read this notice, knows the contents undersigned duly authorized person. (Check this box and in Item 1 above but not represented by signer below.)	d attach Signature Continuation Pages for sig					
Issuer(s)	Name of Signer					
InnoLight Technology Corporation	Emil Chang					
Signature –	Title					
1 4-1	Counsel					
Number of continuation pages attached:		Date October 20, 2000				
1		October 30, 2008				

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name		
Kung	Hsing Hsien			
Street Address 1		Street Address 2		
24036 Oak Knoll Circle				
City	State/Province/Country	ZIP/Postal Code		
Los Altos Hills	CA	94022		
Relationship(s): X Executive Officer	Director Promoter			
Clarification of Response (if Necessary)				
Last Name	First Name	Middle Name		
Wang	George			
Street Address 1		Street Address 2		
c/o China-Singapore Suzhou Industrial	Park Ventures Co., Ltd	9th Floor, Zhi Ye Plaza, 158 Wang Dun Road, Industrial Park		
Ļ	State/Province/Country	ZIP/Postal Code		
Suzhou	Jiangsu, China			
Relationship(s): Executive Officer	Director Promoter			
Clarification of Response (if Necessary)	<u> </u>			
Claimeation of Nesponse (in Necessary)				
				
Last Name	First Name	Middle Name		
Mok	Osa			
Street Address 1		Street Address 2		
22321 Kendle Street				
· · · · · · · · · · · · · · · · · · ·	State/Province/Country	ZIP/Postal Code		
Cupertino	CA	95014		
Relationship(s): 🔀 Executive Officer	Director Promoter			
Clarification of Response (if Necessary)				
Last Name	First Name	Middle Name		
Lust varie	riscivanie	Thiode Name		
Street Address 1		Street Address 2		
City	State/Province/Country	ZIP/Postal Code		
Relationship(s): Executive Officer	Director Promoter			
Clarification of Response (if Necessary)				
		(Copy and use additional copies of this page as necessar		
		Form D		

END